



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH MICHIGAN CITY

City of Hospital: Michigan City

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Youssef Zaknoun

Email Address: youssef.zaknoun@franciscanalliance.org

Medicare Provider Number: 15-005

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$365203363	Contractual Allowance	\$783736831
Outpatient Patient Service Revenue	\$769308873	Other Deductions	\$26278366
Total Gross Patient Service Revenue	\$1134512236	Total Deductions	\$810015197

3. Total Operating Revenue	
Net Patient Service Revenue	\$324497039
Other Operating Revenue	\$6185531
Total Operating Revenue	\$330682570

4. Operating Expenses	
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Salaries and Wages	\$126436352	Employee Benefits	\$31877472
Depreciation and Amortization	\$22823239	Interest Expense	\$10007810
Bad Debt	\$0	Other Expenses	\$116994095
Total Operating Expenses	\$308138968		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22543602	Total Assets	\$427965456
Net Non-operating Gains over Loss	\$2062676	Total Liabilities	\$427965456
Total Net Gains	\$24606278		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$536808357	\$439603110	\$97205247
Medicaid	\$228347037	\$169139082	\$59207955
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$369356842	\$201273005	\$168083837
Total	\$1134512236	\$810015197	\$324497039

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$216	\$18202	\$-17986

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$163161	\$-163161
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$187741	\$-187741

Number of Medical Professionals Trained	661
Number of Hospital Patients Educated	843
Number of Citizens Exposed to Health Education Messages	9788

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6905037	
HCI Payments	\$0		
Subtotal	\$0	\$6905037	\$-6905037
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	(\$21,541,016)		

	Subtotal	\$-21541016	\$0	\$-21541016
Medicare Shortfalls		\$0	\$52386884	
Other Government Programs		\$0	\$0	
	Total	\$-21541016	\$52386884	\$-73927900

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$18824436	\$32451428	\$-13626992
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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